

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B087153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2014
NAME OF PROVIDER OR SUPPLIER ACCORD SENIOR CARE INC - ROCKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 6807 E ROCKWOOD RD WICHITA, KS 67206		
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S 000	INITIAL COMMENTS The following citations represent the findings of resurvey and investigation of complaint 74797 at the above named facility on 5-21-14, 5-22-14, 5-26-14, and 6-2-14.	S 000		
S5066 SS=D	26-42-200 (b) Resident Criteria Restraints (b) Each administrator or operator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained. This REQUIREMENT is not met as evidenced by: KAR 26-42-200(b) The facility identified a census of 6 Residents. The sample included 3 Residents. Based on record review, observation, and interview for 1 (#100) of 3 Residents sampled, the Operator retained a Resident who required use of physical restraint (full side rail). Findings included: - Record review for Resident #100 revealed an admit date of 3-18-14 with diagnoses of Status Post Left Hip Fracture, Left Heel Pressure Ulcer, Psychosis, Edema, Dysphagia, Dementia with Behaviors. The Functional Capacity Screen (FCS) dated 3-18-14 recorded Resident #100 required physical assistance with bathing, dressing, toileting, transfer, eating and unable to assist with ambulation/mobility. The FCS also recorded Resident experienced short term memory loss,	S5066		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5066	Continued From page 1 long term memory loss, memory recall, impaired decision making, and falls/unsteadiness. The Negotiated Service Agreement/Health Care Service Plan (NSA/H CSP) dated 3-18-14 recorded: Resident incontinent with bowel and bladder, memory foam on bed, one person assist for positioning, body alarm when in bed to alert staff when attempting to get out of bed. Reposition every two hours while in bed and every one hours when in chair. Off load left heel with pillows or position boot. Apply air boot to relieve pressure to left foot at all times. The NSA/H CSP lacked documentation for use of full side rail. On 5-21-14 at 2:30 p.m. observed Resident #100 in twin bed with one side against the wall and other side had a full side rail pulled up on the bed. Interview on 5-21-14 at 3:00 p.m. with Resident #100 stated, "Does not know what the side rail is used for." Interview on 5-21-14 at 3:07 p.m. with Licensed Nurse #A stated, "Was not aware a full side rail was considered a restraint and confirmed Resident #100 had a full side rail pulled up on bed with Resident in bed." For Resident #100, the Operator retained a Resident who required use of physical restraint (full side rail).	S5066		
S5155 SS=G	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides	S5155		

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S5155	<p>Continued From page 2</p> <p>or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a)</p> <p>The facility identified a census of 6 Residents. The sample included 3 Residents. Based on record review, observation, and interview for 1 (#200) of 3 Residents sampled, the Operator failed to ensure the Licensed Nurse provided or coordinated necessary health care services for resident at risk for pressure ulcers; resident #200 developed a second pressure ulcer on bony prominence below left little toe eight days after the previous pressure ulcer was identified as healed.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for Resident #200 revealed an admit date of 3-3-14 with diagnoses of Alzheimer 's Disease and Osteoporosis. <p>The Functional Capacity Screen dated 3-3-14 recorded Resident #200 required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, management of medications/treatment, incontinent bowel and bladder, experienced short term memory loss, long term memory loss, memory recall, impaired decision making, poor communication, and</p>	S5155		

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S5155	<p>Continued From page 3</p> <p>socially inappropriate disruptive behaviors.</p> <p>The Negotiated Service Agreement/ Health Care Service Plan (NSA/HCS) dated 3-3-14 recorded Resident incontinent of bowel and bladder and required total care. Check depends every two hours and provide incontinent care. Encourage fluids, feed Resident. Resident is a choke risk. Resident is a one person assist from bed to wheelchair. Reposition every two hours when in bed. Pillows under left leg/foot when on left side. Resident confused, alert, and aggressive at times. Dependent for bathing one person assist. Skin: notify nurse at first sign of any problem areas. Facility Staff to administer all medications. Resident yells out: offer food, fluids, see if Resident wet/soiled, or provide one on one. Move Resident to a quiet area of facility.</p> <p>The Wellness Notes recorded:</p> <p>5-8-14 (no time) Skin breakdown left small toe bony prominence. Faxed for treatment order to physician. Heel bows applied times two as prophylaxis. Signed Licensed Nurse #E.</p> <p>5-14-14 (no time), "Toe - Left small toe area healed." Licensed Nurse #A.</p> <p>5-22-14 10:30 a.m., "(Certified Staff #G) gave shower and noticed left side of foot - lateral below little toe with approximately one centimeter pressure dark area that appeared to be eschar. Slightly warm area/pink outer edges, dry with no drainage. Faxed physician for orders."</p> <p>The shower sheet from Certified Staff #E dated 5-22-14 recorded left outer foot black area.</p> <p>On 5-22-14 at 11:55 a.m., observed Certified</p>	S5155		

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S5155	Continued From page 4 Staff #E get Resident #200 ready for lunch. Certified Staff #E pulled socks off Resident's feet. Observed an open dark area approximately one centimeter on left foot below little toe on bony prominence area. Certified Staff #E stated he/she informed nurse today. The left foot was not elevated on a pillow or any pressure relieving device prior to Certified Staff #E getting Resident up out of bed. Interview on 5-22-14 at 1:10 p.m. with Licensed Nurse #A stated, "(He/She) was informed of a pressure ulcer on left outer foot with black area by shower aide (Certified Staff #E). Licensed Nurse stated, " Was unable to stage the pressure ulcer due to eschar. " Licensed Nurse stated faxed the physician for orders and awaiting orders." Licensed Nurse #A further stated was aware Resident had an open area on left outer foot and had identified it healed on 5-14-14. Confirmed no pressure relieving device in place at this time. For Resident #200, the Operator failed to ensure the Licensed Nurse provided or coordinated necessary health care services for resident at risk for pressure ulcers; resident #200 developed a second pressure ulcer on bony prominence below left little toe eight days after the previous pressure ulcer was identified as healed.	S5155		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful	S5258		

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S5258	<p>Continued From page 5</p> <p>completion of a training course for each employee performing a function that requires specialized education or training;</p> <p>(2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;</p> <p>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and</p> <p>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(2)</p> <p>The facility identified a census of 6 Residents. The sample included 3 Residents. Five personnel records reviewed. For two (Certified Staff #C and #D) of four personnel records reviewed (who required criminal background checks), the Operator failed to provide supporting documentation for criminal background checks.</p> <p>Findings included:</p> <p>- Personnel records reviewed on 5-21-14 at 2:00 p.m. with Operator revealed Certified Staff #C was hired on 5-3-14. The record lacked supporting documentation for a criminal background check.</p>	S5258		

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S5258	Continued From page 6 Personnel record review for Certified Staff #D identified was hired on 5-16-14. The record lacked supporting documentation for the criminal background check. Interview on 5-21-14 at 2:05 p.m. with Operator stated, "(He/She) did not conduct background checks on (Certified Staff #C and #D)." For Certified Staff #C and #D, the Operator failed to provide supporting documentation for criminal background checks.	S5258		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 26-42-437(a) The facility identified a census of 6 Residents. The sample included 3 Residents. Based on observations and interviews for all Residents, the Operator failed to ensure the facility maintained to protect the health and safety of Residents, personnel, and the public. Findings included:	S5335		

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S5335	<p>Continued From page 7</p> <p>- Tour of facility on 5-21-14 at 2:40 p.m. with Operator revealed a bedside commode (BSC) in Resident #400's room beside the head of bed. The BSC contained smeared feces on toilet seat and in commode. The toilet seat had several tears with sharp edges. The bed linens was soiled and bed not made. On top of the bed was two foot rest from a wheelchair. Licensed Nurse #A confirmed the BSC soiled with feces and toilet seat torn. Licensed Nurse #A took BSC out of room.</p> <p>Tour of kitchen revealed a white bucket under the kitchen sink/garbage disposal with dark liquid substance. The back splash above sink is bowed out and away from wall. The covering over the back splash was peeling off. A black substance observed behind the back splash. Observed a soiled purple towel under the dishwasher. The sinks in kitchen had black marks on them. The porcelain covering worn off bottom of sinks. The public restroom toilet seat cracked. The floor vent rusted and dirty. The floor vent in front of sliding glass door in TV room rusted and soiled with dark substance. The sliding glass patio doors are off track and difficult to open. Daylight coming through base of glass doors and around edges. Observed dried leaves in the door track.</p> <p>Interview on 5-21-14 with Operator stated the kitchen sink leaks as well as the dishwasher. The patio glass door is off track and difficult to open.</p> <p>Tour of basement on 5-22-14 at 11:10 a.m. with Operator revealed an odor of raw sewage. The basement floor contained a dark residue with shredded toilet paper at base of stairs to sump pump and drain. Approximately 20 feet from</p>	S5335		

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S5335	<p>Continued From page 8</p> <p>edge of stairs to drain. Observed cardboard boxes soiled with black substance on the floor near the drain. Approximately 10 feet from the drain observed a five plug extension cord on the floor that had electric cord plugged in for internet.</p> <p>Interview on 5-22-14 at approximately 11:15 a.m. with Operator stated, "He/She seen the paper on the floor but did not know it was from sewage back up."</p> <p>Interview on 5-22-13 at 11:20 a.m. with Certified Staff #B stated the drain backed up and the paper on the floor was toilet paper from sewer back up. Certified Staff #B further stated he/she would need to get a power washer to clean the black residue and paper up off the floor. Operator present during interview.</p> <p>For all Residents, the Operator failed to ensure the facility maintained to protect the health and safety of Residents, personnel, and the public.</p>	S5335		